The District Cancer Model:

A Community-Based System of Care

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Cancer Care Nova Scotia

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The Vision

Cancer Care Nova Scotia **(*CCNS*)** envisions a provincial cancer system with a network of District Cancer Programs (DCP) based in every healthcare district in the province. One of the goals of ***CCNS*** is to have "standardized high-quality cancer care across the province with equitable access based on diagnosis and stage". The District Cancer Programs are one of the vehicles by which this goal will be achieved.

Each District Cancer Program will ensure comprehensive cancer prevention and care/treatment by working with the hospitals, health care providers, health promotion organizations and support groups in its district to develop and provide the necessary services. In the long-term, a spectrum of services will be available through the District Cancer Programs – from primary prevention to palliation.

Who We Are

Cancer Care Nova Scotia (CCNS) was established in 1998 to provide coordination, planning, evaluation and management of the Nova Scotia cancer system across the spectrum from prevention to palliation. ***CCNS*** does not have a mandate to deliver services. Instead, we will work with the providers to ensure equitable access to prevention, screening, treatment and care across the province, and that standards for all aspects are developed and met.

A second goal of ***CCNS*** is to reduce the incidence and premature morbidity from cancer in Nova Scotia. We believe the most successful strategy for cancer prevention is actually a coordinated health promotion approach to chronic disease prevention. Many of the factors linked to cancer (such as tobacco use or diet) also contribute to other chronic diseases like diabetes and heart disease. We believe that we will have a greater impact on the factors that lead to cancer by working collaboratively with our colleagues who work towards prevention of other chronic diseases.

CCNS is committed to collaborating with others. There will be three tiers of opportunity for District Health Authorities (DHA)/Community Health Boards (CHB) as well as patient/family members to provide input to ***CCNS***: the ***CCNS*** Board, the Roundtable, and the Cancer Patient/Family Network. This will meet the goal set in the Appendix to the Contract for the

Commissioner for ***CCNS*** that ***CCNS*** will "establish a communication and advisory network of patients, survivors, family members and volunteers to provide advice and support for program activities." (9.12). See Appendix D for details on these opportunities.

It is through these structures that communities and patients/families will be able to tailor the District Cancer Program model to meet their needs.

Current Situation

Prevention:

Many organizations and communities are working on issues of chronic disease prevention (e.g. healthy eating, tobacco control etc). By focusing on specific disease prevention (e.g. cancer, heart health), there can be a lack of coordination, inconsistent messages to the public and duplication of efforts. There is tremendous value to be gained by collaboration across districts and disease types.

Treatment:

Presently, patients diagnosed with cancer encounter a broad spectrum of health care providers and services across the system. We know from speaking to health care providers and cancer patients/survivors and their families that the current system is not patient-centred[1]. The system is complex, and hard to navigate. Timely communication between different parts of the system is a challenge. There are three formal cancer programs in the province offering comprehensive services to cancer patients and their families:

- The QEII Health Sciences Centre Cancer Care Program incorporating the ambulatory services provided by the Nova Scotia Cancer Centre.
- The Cape Breton Cancer Centre in the Cape Breton Healthcare Complex.
- The Pediatric Oncology Program for the Maritimes based at the IWK Grace Health Centre in Halifax.

Only the QEII and Cape Breton centres provide radiation therapy services in Nova Scotia.

The Pediatric Oncology Program for the Maritimes has a well established network of community based practitioners and health care professionals to meet the needs of children with cancer and their family members. Children with cancer have special and ongoing needs for treatment, support, continuing care and rehabilitation. The District Cancer Program Model outlined in this document is primarily directed at the establishment of a network of district programs that can meet the primary and secondary care needs of adult patients with cancer and their family members. However, a fully developed District Cancer Program will incorporate and support the

[1] "Patient-centred care is care that incorporates respect for patients' values and preferences, provides information in clear and understandable terms, promotes autonomy in decision-making and attends to the need for physical comfort and support" (Institute of Medicine *Ensuring Quality Cancer Care*)

Pediatric Cancer Service arrangements providing additional and constructive linkages and support.

Secondary cancer services, particularly chemotherapy and oncology-related surgical procedures, occur throughout the province at regional and community hospitals. There is no province-wide coordination of services nor are there provincial standards for the provision of cancer care.

Palliative Care

A number of initiatives have been undertaken to enhance the delivery of palliative care services and programs in Nova Scotia. In June 2000, the government reaffirmed its commitment to palliative care and advised that an implementation committee would be established in the fall of 2000 with a mandate to implement a more comprehensive range of palliative care programs and services in Nova Scotia.

The Components of the Nova Scotia Cancer Care System

There will be three components of the provincial cancer care system:

- Cancer Centres
- Provincial Cancer Site Teams
- District Cancer Programs

Cancer Centres

The Cape Breton and Nova Scotia Cancer Centres and the IWK Pediatric Cancer Program will continue to provide assessment and treatment planning for all oncology patients, and specialized treatment services, including radiation oncology, that can not be provided in District Cancer Programs. Newly diagnosed patients will come to the Cancer Centres (or be seen in Cancer Centre outreach clinics) for assessment and treatment planning. When the appropriate treatment can be provided safely via the District Cancer Program, the patient will be treated closer to home following the treatment plan developed by the Cancer Centre. Patients treated at District Cancer Programs will be seen for periodic evaluation by their oncologists at either the Cancer Centre or in an outreach clinic. The frequency of the evaluation will be dependent on the Clinical Practice Guidelines that apply to that type of cancer.

The Cancer Centre staff will be available to the District Cancer Programs for consultation and support, including outreach clinics in some places. They will play a key role in the education of health professional students, and in providing continuing education/professional development for professionals working in the cancer system. They will also be engaged in research into causes of cancer, and enhanced treatment possibilities.

Cancer Site Teams

Cancer Site Teams (CSTs) are multi-disciplinary teams of cancer care professionals, with a common focus and commitment to cancers arising in a specific body system or site. Cancer Site Teams develop policies, standards and guidelines for cancer prevention, screening and

treatment, approve educational programs and research protocols, and evaluate and report all activities and outcomes in their jurisdiction. Membership will be provincial with representatives from Cancer Centres and District Cancer Programs. Representatives of the Cancer Centres will provide leadership to the Cancer Site Teams.

It is through the Cancer Site Teams that provincial standards of care will be developed. Cancer Site Teams will also develop Clinical Practice Guidelines (CPGs) to ensure Nova Scotians receive cancer treatments that are based on the best evidence available. Volume will be one of the factors that will determine whether a treatment will be provided in a District Cancer Program or in the Cancer Centre. Cancer Site Teams will determine the minimum number of a particular procedure that must be performed per year by an individual to ensure competency is maintained in that procedure.

There will be 13 Cancer Site Teams in Nova Scotia. Some of these are already in place and beginning to develop Clinical Practice Guidelines. ***CCNS*** will be responsible for providing leadership and support to the Cancer Site Teams and for ensuring provincial representation on Cancer Site Teams. ***CCNS*** will also be responsible for the dissemination of Clinical Practice Guidelines throughout the province and for ensuring that Clinical Practice Guidelines and other directives are followed. ***CCNS*** will provide education to professionals, patients and families, and the public about Clinical Practice Guidelines.

Cancer Site Teams will also approve research protocols appropriate to their sites. District Cancer Programs will be encouraged to participate in research activities.

District Cancer Programs

The last component is the District Cancer Program. For many patients, it will be their entry into the cancer system. There will be a District Cancer Program in each health care district which will result in a provincial network providing essential cancer care services closer to patients' homes. Formal agreements will be established with each District Health Authority outlining the responsibilities of the District Cancer Program, DHA, and ***CCNS***.

The long-term objective is the availability of core services through each District Cancer Program so that access to care is equitable across the province. Eventually, the services provided will range from prevention and early detection activities through diagnosis, elements of treatment, follow-up and palliative care. Although the core services provided by the District Cancer Programs will be consistent across the province, each District will be able to develop and implement the services to best meet the needs of that District.

District Cancer Programs will also provide education and training, and participate in research activities. The initial focus for District Cancer Programs will be on standardizing the delivery of treatment that already occurs in regional and district hospitals – particularly chemotherapy and oncology-related surgeries.

While District Cancer Programs will be "headquartered" in the Regional Hospitals, cancer services will be provided throughout the district including community hospitals, health centres and patient homes. Each district will have the ability to locate services in whatever locations make sense for it as long as minimum standards set by ***CCNS***, Cancer Site Teams or other bodies are met.

There are many organizations throughout the province that are actively involved in health promotion activities related to cancer prevention. The type of organizations and activities will be different in every district. Because of the importance of working in partnership with existing community agencies, it will be critical for the District Cancer Program to build linkages with community health boards, and other health promotion groups.

CCNS recognizes that palliative care with a focus on multidisciplinary teams and the physical, social and spiritual needs of the patient and family is an essential component to a comprehensive system of cancer control. Integrating core palliative care services in the districts will ensure patients and families have better access to programs and services designed to help them deal more effectively with the disease in terms of pain management, symptom control and availability of bereavement support services where necessary.

Structure

District Cancer Programs will operate in a form of matrix management (in other words, there will be two lines of accountability). They will continue to be accountable to DHAs in the same manner as all other DHA programs. However, they will also be accountable to ***CCNS*** for the quality of patient care, and compliance with provincial standards and Clinical Practice Guidelines.

Each district cancer program will have a District Cancer Committee (DCC) to provide administrative support and structure. (See Appendix C for suggested DCC membership and structures.) Functions of the DCC would include:

- To identify local cancer priorities and issues (based on evidence) in conjunction with the District Health Authority and the Community Health Boards.
- To oversee the operational aspects of the cancer service delivery in the district and to work with the District Health Authority and Community Health Boards in the coordination and delivery of services,
- To oversee implementation of provincial standards and directions in the district
- To participate in coordination activities (such as the Roundtable) that will further develop the provincial cancer network and standards
- To contribute to the development of provincial cancer priorities
- To liaise with other District Cancer Committees and ***Cancer Care Nova Scotia***
- To work with Community Health Boards to determine the best means of strengthening chronic disease prevention in the community and to assist in achieving the relevant goals of the Community Health Plan.

Within each district are a variety of physicians, community hospitals, other health agencies, support groups, Canadian Cancer Society units and other cancer-related services. They are closest to the individual communities, and provide important services, particularly at the prevention, support during treatment, and palliation stages. DCCs will work with these resources to ensure an integrated cancer system.

There will be a physician designated to provide medical leadership to the District Cancer Program.

Each District Cancer Program is encouraged to identify a coordinator. The coordinator will serve as the main contact person for the District Cancer Program. This will formally recognize the role that oncology nurses are currently filling in some hospitals, and will provide some structure and support to other hospitals. Initially, this role is not envisioned to be full-time but an acknowledgement of work currently being done.

Although this document provides a template for District Cancer Programs, and District Cancer Committees as a place to begin, each District will be able to develop the structures it needs to best meet the needs of its patients.

Services

The range of core services provided by the District Cancer Program could potentially include the following:

- Working in partnership with other health agencies, health promotion organizations and Community Health Boards to identify and achieve primary prevention goals that will have an impact on cancer incidence
- Screening programs for breast and cervical cancers as well as other screening programs as they are developed
- Diagnosis, staging and consent. District Health Authorities would have to provide a minimum level of diagnostic services (laboratory, Diagnostic Imaging) as agreed to by DHAs and Cancer Site Teams
- The District Cancer Program will provide some treatments (particularly some chemotherapies). ***CCNS*** will provide education and training to ensure staff competencies to provide these treatments. Standards for appropriate staffing, and ensuring suitable facilities are available for providing these treatments will also be developed and monitored by ***CCNS***. The Provincial Managed Systemic Therapy Program (PMSTP) will have oversight of the delivery of chemotherapy and other cancer related medications whether delivered in a District Cancer Program or Cancer Centre.
- Follow-up visits at a frequency determined by Clinical Practice Guidelines developed by the Cancer Site Teams
- Supportive/rehabilitation services
- Palliative Care services in partnership with the district palliative care service
- Participation in research protocols
- Patient/public/professional education initiatives.

Staffing for Treatment Services

At minimum, each District Cancer Program will have physicians, nurses and pharmacists as well as appropriate clerical staff. Depending on existing resources, District Cancer Programs may also have other disciplines. Over time, via the business planning process, District Cancer Programs will be required to have other disciplines, particularly those in supportive care/rehabilitation fields

There will be provincial standards for minimum staffing and education for the treatment component of District Cancer Programs. Initially, these will apply to nursing, medicine and pharmacy but over time will expand to include other disciplines as well.

Physicians appointed to the District Cancer Programs would include family physicians, gynecologists, internists, general and specialist surgeons with an interest or experience in oncology. The physician would commit to the District Cancer Program for a specified amount of both patient-care and education/professional development activities. Time spent in administrative/education activities would be reimbursable.

Formal and informal education opportunities will be provided to staff of the District Cancer Programs starting with a mandatory discipline-specific orientation program. Participation in regular case conferences will be required for all disciplines. Case conferences will include both regular discussion of local cases within the District Cancer Program and participation in provincial Cancer Site Team case conferences. Use of communication technologies (particularly Teleheath) will be encouraged to facilitate District Cancer Program participation in Cancer Site Team case conferences. District Cancer Program staff will also be encouraged to participate in formal oncology continuing education programs such as the Canadian Nurses Association Certification program for Oncology Nurses or the ***CCNS*** Oncology Fellowship for family practitioners. Education programs will also be available to family physicians and other health professionals who are not part of the District Cancer Program.

Role of DHA/CHB in the District Cancer Program

The District Health Authorities/ Community Health Boards will be key players in the District Cancer Program. All DHAs and any interested CHB will participate in Roundtable activities. There will be DHA representatives on the ***CCNS*** Board. Each DHA will have representatives on its District Cancer Committee.

A collaborative process will be established with ***CCNS***, District Cancer Programs, CHBs, DHAs, Cancer Site Teams and other stakeholders as necessary (including patients/families/survivors) to determine what services each individual District Cancer Program will provide. Considerations which will influence the decision of what services will be available in each district will include the competency of staff in the district to provide a service, the distance to the next nearest facility that provides that service, and the need for that service in the district.

DHAs will also participate in the processes that will establish standards for core cancer services to be offered by all District Cancer Programs. As the District Cancer Programs and provincial standards for cancer service delivery develop, ***CCNS*** will work with DHAs, CHBs and facilities to develop multi-year business plans addressing the District Cancer Program needs in order to meet the standards and will advise DoH on the needs and priorities for cancer funding.

DHAs that want to make significant changes to the cancer services available in their Districts will have to work with ***CCNS*** prior to implementing the changes.

Community Health Boards are in touch with the needs of the communities they serve. They will inform the DHAs and District Cancer Programs about the cancer services needed by their communities. CHBs also play an important role in health promotion/prevention activities. Through the Community Health Plans, they identify prevention goals. District Cancer Programs will work with others in the community to achieve those goals that are related to cancer prevention.

Role of *CCNS* in the District Cancer Program

CCNS will support the District Cancer Program network as part of its mandate to coordinate the provincial cancer care system, and to ensure that provincial and other standards are established and met. The development of the District Cancer Program system will be collaborative. Standards from organizations such as the [American] Commission on Cancer, [American] Association of Community Cancer Centres, and experiences from other provinces who have established community cancer programs will help develop the District Cancer Program system but will be tailored to meet the needs and realities of Nova Scotia.

At the system-level, ***CCNS*** will establish mechanisms (such as the Roundtable) to facilitate communication among District Cancer Programs and with ***CCNS***, and which will help identify priorities, establish standards and provide mutual support. Provincial quality indicators will be developed in collaboration with District Cancer Programs and the Cancer Centres. ***CCNS*** will monitor these indicators and ensure appropriate action is taken.

CCNS will also participate in partnership initiatives with other provincial programs that provide important services to cancer patients and their families (e.g. Home Care Nova Scotia, palliative care) and link these to the District Cancer Programs. ***CCNS*** will work with health promotion partners to establish provincial priorities for primary chronic disease prevention and to develop coordinated, collaborative strategies.

CCNS will advise the Department of Health on cancer services, including funding, facilities and programs. District cancer programs will have defined budgets and staff. The base will be the current level of spending on cancer services within each district, starting with the hospitals. In most hospitals, many of these costs are buried within hospital global budgets and cannot be specifically identified. An initial challenge will be to identify and isolate cancer care related costs.

It is intended that the Provincial Managed Systemic Therapy Program of ***CCNS*** will alter the way funding for chemotherapy and other drugs, and related costs, are managed by health care institutions and the public system for retail prescriptions. The changes to funding are not yet fully planned, but a strategy to deal with the growth of patient caseloads and with the expensive, new agents for systemic therapy is a priority for ***CCNS***. Equitable rules for funding, coverage and reimbursement will need to ensure that public or private insurance will not become a barrier for optimal patient care decisions The PMST Program will develop a provincial systemic therapy formulary and standardized guidelines for the prescribing of chemotherapy agents.

CCNS will play a leadership role in developing provincial information systems that will link District Cancer Programs to the cancer centres and to each other, as well as other provincial health care information systems. These will facilitate secure transfer of patient information as well as multi-site education programs such as case conferences or Grand Rounds. It will also support communication between and among District Cancer Programs, Cancer Centres and ***CCNS*** through vehicles such as secure websites, chat rooms, and video conferencing. ***CCNS*** supports improved data collection processes, connected with the Cancer Registry, particularly in the area of cancer staging. As part of business planning for District Cancer Programs, consideration will be given to providing additional support to Health Records departments for staging and other data collection purposes.

A key role will be the development of educational programs to support physicians, nurses, pharmacists and other health care professionals providing cancer services in conjunction with the professional schools and associations. For example, there will be a discipline-specific mandatory orientation program for physicians, nurses and pharmacists appointed to/employed by District Cancer Programs. The ***CCNS*** Education Coordinator will facilitate the development of the discipline-specific curriculum with the participation of the appropriate professional school (i.e. Dalhousie Schools of Medicine, Nursing and Pharmacy; St Francis Xavier School of Nursing), and leaders in the field (i.e. oncologists, pharmacists and nurses from Cancer Centres.) Part of the orientation would include time at a Cancer Centre working with the appropriate professionals. ***CCNS*** will also facilitate continuing oncology multidisciplinary professional education.

At the local level, ***CCNS*** will facilitate the development of a District Cancer Program in each district. ***CCNS*** will work with each District Cancer Program and its DHA in the development of a multiyear business plan to address the gaps between the existing services and the standardized ones. ***CCNS*** will make formal visits to each District Cancer Program at a minimum of one per year to address issues specific to that location.

Appendices A and B highlight elements of ***CCNS*** role and mandate that pertain to the District Cancer Programs.

What would change?

- ***CCNS*** would advise the Department of Health on the funding for cancer programs and services for each DHA. Cancer funding currently part of global budgets would be identified.

- The implementation of Clinical Practice Guidelines, Provincial Managed Systemic Therapy program and other standards will affect how care is provided.

- The development of provincial standards may result in program changes (e.g. a new screening program may be introduced; low volumes in a treatment program may result in that program being discontinued)

- Increased collaboration for chronic disease prevention initiatives

What would stay the same?

- Staff would remain employees of their current employer (in most cases, the District Health Authority)

- Reporting lines would generally remain unchanged, although some DHAs may choose to reorganize as a result of the implementation of District Cancer Programs.

- DHAs would remain accountable for the quality of patient care and the efficient and appropriate use of resources.

Appendices

Appendix A

Cancer Care Nova Scotia **(*CCNS*)** was established in 1998 by the Department of Health in response to the 1996 report "***Cancer Care Nova Scotia***: A Plan for Action". The report consisted of 20 recommendations for a comprehensive, integrated and accountable cancer management plan. Many of the recommendations:

- *Recommendation 1*
  The mandate of ***Cancer Care Nova Scotia*** will be to:
  1. Implement a comprehensive, integrated, province-wide patient-centred cancer management plan
  2. Act as the catalyst and leader for the complete continuum of cancer care programs: prevention, screening/detection, education, research, treatment, support, rehabilitation and palliation
  4. develop linkages with regional and community health services to ensure continuing development of regional programs and support services for cancer patients and their families
  8. coordinate strategic planning for all cancer care components
  10. advise on the location and specific types of cancer services to be offered within the province.

- *Recommendation 10*
  That all cancer patients should have access to professionals who can appropriately address their physical, social, emotional, and spiritual needs

- *Recommendation 11*
  That there be uniform and timely access to cancer rehabilitative/restorative services throughout the province

- *Recommendation 12*
  That a province-wide palliative care component be fully developed and implemented

- *Recommendation 15*
  That cancer treatment policies and clinical practice guidelines … be developed through interdisciplinary experts drawn from across the province. … That consistent nursing policies and procedures, approved by ***Cancer Care Nova Scotia***, be used by all agencies

- *Recommendation 16*
  That all facilities … wishing to provide cancer care services be required to undergo an approval process developed by ***Cancer Care Nova Scotia*** that endorses the facility's ability to meet standards of care.

  That all individuals who institute, direct or provide cancer care services be reviewed and approved according to standards developed by ***Cancer Care Nova Scotia***.

That ***Cancer Care Nova Scotia*** ... be given legislated authority to conduct reviews and audits of individuals and facilities providing cancer care within the province ...

- *Recommendation 18*
  That the family physician role in cancer care coordination be strengthened to become a key communicator with patients/family. ...

- *Recommendation 19*
  That Regional Health Boards and facilities wishing to expand or establish new programs in cancer care, must be endorsed by ***Cancer Care Nova Scotia***. Only approved programs will be funded.

Appendix B

An Appendix to the Contract for the Commissioner of Cancer established the mandate and goals for ***Cancer Care Nova Scotia***.

Relevant sections of the mandate include:

- To advise the Minister and the Department of Health on the cancer system, cancer control and cancer care.
- To lead, analyze and evaluate components and programs of the cancer system.
- To establish provincial policies for cancer care and treatment including clinical practice guidelines developed by multidisciplinary specialty groups and professions.
- To review and advise on cancer program operating plans and budgets in healthcare facilities across the province.
- To annually review and analyze cancer programs across the province to make recommendations regarding funding of capital projects, major equipment purchases and human resource inventory.
- To develop supportive care for cancer patients and their families in cooperation with family physicians and local health facilities and volunteer organizations.
- To develop community based programs for cancer information, prevention, screening, treatment, rehabilitation, follow-up, palliation and support.

Relevant goals include:

- To develop and support the activities of cancer site teams which have the responsibility to develop clinical practice guidelines and standards of care for their particular sites.
- To evaluate and accredit Nova Scotia cancer programs and services.
- To ensure that cancer services are delivered by medical practitioners and health professionals who are qualified, experienced and credentialed.
- To ensure that cancer facilities, services and personnel meet or exceed relevant provincial and national standards.
- To ensure that cancer patients have coordinated and integrated follow up care and treatment close to home and concert with family physicians, local healthcare facilities and agencies.
- To develop and maintain a comprehensive coordinated cancer system focusing on excellence and quality improvement while considering individual patients' needs and helping patients navigate the system.
- To improve access and navigation through the cancer system.
- To ensure the development of a provincial cancer formulary to supervise and evaluate the use of systemic therapy in cancer patients in all healthcare facilities.

Appendix C

Terms of Reference
District Cancer Committees

Each District Cancer Program will be supported by a District Cancer Committee to provide coordination of activities in the District, and to provide administrative support and structure. The Committee must address, at minimum, the functions outlined here, but membership and structure can be shaped to best meet the needs of the District.

Functions

- To identify local cancer priorities and issues (based on evidence) in conjunction with the District Health Authority and the Community Health Boards.
- To oversee the operational aspects of the cancer service delivery in the district and to work with the District Health Authority and Community Health Boards in the coordination and delivery of services,
- To oversee implementation of provincial standards and directions in the district
- To participate in coordination activities (such as the Roundtable) that will further develop the provincial cancer network and standards
- To contribute to the development of provincial cancer priorities
- To liaise with other District Cancer Committees and ***Cancer Care Nova Scotia***
- To work with Community Health Boards to determine the best means of strengthening chronic disease prevention in the community and to assist in achieving the relevant goals of the Community Health Plan.

Suggested Structure

The District Cancer Committee could be a stand-alone committee or a sub-committee of the District Health Authority.

The mandate of the Committee is broad, and the number of potential members is large. Each District is encouraged to develop a structure that meets its needs. One suggested structure is a large group consisting of all stakeholders that meets periodically to set broad goals, and ensure communication, with smaller groups with common interests meeting more frequently (e.g. prevention/promotion group; treatment group). Another possibility is a small steering committee with representatives from all constituents, with working groups or sub-committees formed as needed

Membership Suggestions (see Roundtable report for potential membership)

- CCS unit representatives
- cancer patient/survivor/family members
- CHB representatives
- other representatives of health promotion/prevention organizations/agencies

- District Health Authority representatives/hospital administrative representatives (e.g. site managers)
- Physician representatives (including GPs and specialists)
- Pharmacist representatives
- Nursing representatives (including oncology nurse)
- DCP coordinator
- Lead DCP Physician
- Palliative Care representatives
- Home Care representatives
- Other health care professionals

Appendix D

CCNS Opportunities for Participation by Patient/Families, DHAs, and other Community Organizations

Cancer Care Nova Scotia Board

- A minimum of three and as many as nine cancer patient/survivors will be on the ***CCNS*** Board.
- There will be a minimum of three and as many as nine representatives of Community groups on the ***CCNS*** Board. This category includes District Health Authorities and Community Health Boards.
- There will be a minimum of three and as many as nine representatives of cancer volunteer groups and organizations on the ***CCNS*** Board.

The Patient/Family Network

- The Cancer Patient/Family Network sponsored by ***CCNS*** will provide opportunities for any cancer patient or family member to participate in a formal communication network for cancer patients, survivors and family members. This network will facilitate the sharing of information via website and newsletter and annual meeting; foster and promote grassroot support for cancer patients and offer its members a voice in the delivery of cancer services
- A formal process will be developed by which individuals affected by cancer are informed about the network and are encouraged to become involved.
- This network would work in partnership with the Canadian Cancer Society units. It is not intended to duplicate or replace the work done by the units.

The Roundtable

- ***CCNS*** will also sponsor a "Roundtable" at least annually. This will be an opportunity for dialogue among cancer-related organizations, institutions and groups about current issues in cancer, to share information about current cancer-related projects and initiatives and to determine participants' priorities for action on cancer issues and assign responsibility for priority actions. Any group, organization or individual with an interest in cancer including District Health Authorities, Community Health Boards and Canadian Cancer Society units would be invited to participate in the Roundtable.

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